

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JAN -7 AM 10:54

DOCUMENT # L06000016836

1. Corporation Name

Foodservice Management Concepts, LLC.

2. Principal Office Address - No P.O. Box #

13 NE 3rd Street

Suite, Apt. #, etc.

3. Mailing Office Address

13 NE 3rd Street

Suite, Apt. #, etc.

City & State

Chiefland

City & State

Chiefland

Zip

32626

Country

USA

Zip

32626

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 2/15/2006

5. FEI Number

20-4346637

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

S. Ryan Bell

Street Address (P.O. Box Number is Not Acceptable)

13 NE 3rd Street

Suite, Apt. #, Etc.

City

Chiefland

State

FL

Zip Code

32626

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*S. Ryan Bell*

REGISTERED AGENT MUST SIGN

Date 12/21/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	S. Ryan Bell	13 NE 3rd Street	Chiefland, FL 32626
	REINSTATEMENT 2008-2010		

10. E-mail Address: Ryan@bellscatering.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*S. Ryan Bell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/09

Date

352-443-0081

Daytime Phone #

T. Hampton JAN - 8 2010